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**FACSIMILE TRANSMISSION COVER SHEET**

Date: November 25, 2009

To: United States Patent and Trademark Office  
Examiner: Chen, Jack S. J.; Art Unit: 2893

Fax: (571) 273-2885

Re: **Application Serial No.: 09/591,266**  
Filing Date: 6/9/2000; First-Named Inventor: Ogle  
Attorney Docket No.: 0180221

From: Farjami & Farjami LLP

Number of pages including the cover sheet: 14

Message:

Enclosed please find the Response to Final Office Action dated August 3, 2009.

Authorization is hereby given to the Director to charge \$130.00 to deposit account 50-3837 as payment for the First Month Extension Fee.

Thank you.

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Attorney Docket No.: 0180221

**AMENDMENT COVER SHEET**IN RE APPLICATION OF: Ogle, Jr., et al.SERIAL NO.: 09/591,266 FILED: 06/09/2000FOR: Anti-Reflective Interpoly Dielectric

HONORABLE COMMISSIONER FOR PATENTS  
P.O. Box 1450, Alexandria, VA 22313-1450

Sir/Madam:

Transmitted herewith is a paper in the above-identified application. Any necessary extension of time period set for this paper is hereby requested.

☐ No additional fee is required.☒ The fee has been calculated as shown below:☒ EXTENSION FEE

	RATE Non-Small Entity	RATE Small-Entity	FEE
FIRST MONTH AFTER TIME PERIOD SET	130.00	65.00	\$130.00
SECOND MONTH AFTER TIME PERIOD SET	490.00	245.00	\$
THIRD MONTH AFTER TIME PERIOD SET	1,110.00	555.00	\$
FOURTH MONTH AFTER TIME PERIOD SET	1,730.00	865.00	\$

☒ TOTAL EXTENSION FEE \$ 130.00☐ FEE FOR EXTRA CLAIMS added by Amendment in this response:

	Column 1	Column 2	Column 3			
	Number of Claims after Amendment	Number Previously Paid for	Number of Extra Claims	RATE Non-Small Entity	RATE Small Entity	FEE
TOTAL CLAIMS		MINUS **20	* =	x 52	x 26	\$
INDEPENDENT		MINUS ***3	* =	x 220	x 110	\$
First presentation of multiple dependent claim				+ 390	+ 195	\$

TOTAL FEE FOR EXTRA CLAIMS \$ 0.00

\* If the entry in Column 1 is less than the entry of Column 2, write "0" in Column 3.

\*\* If the number of Total Claims previously paid for is less than 20, write "20" in this space.

\*\*\* If the number of Independent Claims previously paid for is less than 3, write "3" in this space.

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- ☐ Total fee for Supplemental Information Disclosure Statement \$
- ☐ Enclosed is the total fee of \$ (Payment by Credit Card, Form PTO-2038 Enclosed).
- ☒ Please charge Deposit Account No. 50-3837 in the amount of \$130.00.
- ☒ The Commissioner is hereby authorized to charge payment of any additional fees associated with this communication, or credit any overpayment to Deposit Account No. 50-3837.

Date: 11/25/09By:   
Michael Farjami, Reg. No. 38,135CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this correspondence is being filed by facsimile transmission to United States Patent and Trademark Office at facsimile number 571-273-8300 on the date stated below. The facsimile transmission report indicated that the facsimile transmission was successful.

Date: 11/25/09Signature: Name of Person Performing Facsimile Transmission: Jemberi Davalos

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CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on:

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Typed or Printed Name of Person Mailing Paper and/or Fee: \_\_\_\_\_